PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								Application or Docket Number 763, 724 709, 392					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			16		1	1		RATE	FEE	7	RATE	FEE -	1
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/6 _minus 20=		· Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			= 3 —minus 3 =		6	6		X43=		٦,	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=	1	OR	}		
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	÷290= TOTAL	25-0	_
OCLAIMS AS AMENDED - PART II								TOTAL	L.,	٦٥٨	OTHER	•	þζ
Ľ	(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	-20) :	=		XS 9=		OR	XS18=		
AME	Independent	· 3	Minus	1 3	3	= /-	I	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OR	+290=		
L											TOTAL		ļ
		(Column 1)		(Colum	ın 2)	(Column 3)	A	DDIT. FEE] • · · /	ADDIT. FEE		!
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus			-		X\$ 9=		OR	XS18=		
AME	Independent	NTATION OF ML	Minus	***		=	ŀ	X43=		OR	X86=		
1	FIRST PRESE	T	+145=		OR	+290=		•					
								TOTAL DIT. FEE	:	OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Columi		(Column 3)				·			
MEN		CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent		Minus	SHOEKE C		=		X43=		OR	X86=	\dashv	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									OR -	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20."										ຸ L	TOTAL		
!	the "Highest Nur	nber Previously Paid ber Previously Paid	d For' IN THIS	S SPACE is I	ess than	3 enter '3 "		in the appr		Al	DDIT. FEE L. mn 1.		

FORM PTO-875 (Rev 10:03)

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